

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

DEPT. NO. **151829443**
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5		4		4		
6	1		1			
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		2		2		
12	1		1			
13		1		1		
14		2		2		
15		2		2		
16		2		2		
17	1		1			
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		6		6		
24				4		
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TOTAL IND.	4		4		3	
TOTAL DEP.	31		71		10	
TOTAL CLAIMS	35		75		13	